

Richmond City Sheriff's Office  
LL-1, John Marshall Courts Building  
Richmond, Virginia 23219



Civil Process Section  
400 N. 9th Street  
Telephone (804) 646-6600

## SHERIFF'S OFFICE

AFFIDAVIT OF SERVICE

Being duly sworn and authorized to make service as provided by the Code of the Commonwealth of Virginia, by my signature subscribed below I do hereby certify that I executed a true copy of the within Summons And Complaint, in the following manner and on the date so indicated:

Served in person

*Aithea White - Prev's - Admin Asst.*

Registered agent

Served on the person or officer found to be in charge

Posted service (only if authorized)

Member of Family (Resident)

Not found (Explain):

DESCRIPTION OF PERSON SERVE				
NAME	RACE	SEX	DOB (OR APPX. AGE)	SSN
Vcu Health Center, Mcv Hospital & Physicians At Vc Medical Center				
STREET ADDRESS 1250 E. Marshall St.	HGT	WGT	EYES	HAIR

*Robert R. Thompson*  
Signature of Affiant

5/21/07

Date

AFFIDAVIT

## COMMONWEALTH OF VIRGINIA

DEP. R. THOMPSON

Before me personally appeared the said DEP. R. THOMPSON who says  
that he/she executed the above instrument in the above manner and on the date indicated.

Sworn to and subscribed in my presence this 21st day of MAY, 20 07

My commission expires JUNE 30, 2010

*D. R. Thompson*  
Signature of Notary